Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)					
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)					
C C00553560					
Check if 24-hour report 48-hour report New report Amends report filed on 04 05 2016					
Full Name of Payee CONSOLIDATED MAILING SERVICES	Date of Public Distribution/Dissemination				
Mailing Address 504 SHAW RD	04 04 2016				
SUITE 206	Amount				
City State Zip Code	3287.47				
STERLING VA 20166	Transaction ID : SE.46457  Date of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT MAIL  Category/ Type 004	04 / 04 / 2016				
Name of Federal Candidate	Office Sought:   House District: 23				
WILLIAM HURD Oppose	President Senate State:TX				
Calcillati Ical Ic Batc	olsbursement For: Primary   ☐ Primary  ☐ General  ☐ Other (specify)  ☐ Other (specify)				
Full Name of Payee CONSOLIDATED MAILING SERVICES	Date of Public Distribution/Dissemination  04  04  04  04  04  04				
Mailing Address 504 SHAW RD	04 04 2010				
SUITE 206	Amount				
City State Zip Code	3287.47				
STERLING VA 20166	Transaction ID : SE.46458  Date of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT MAIL  Category/ Type  004	04				
Name of Federal Candidate	Office Sought:   House District: 04				
MIA LOVE Oppose	President Senate State: UT				
	Oisbursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SCOTT B MACKENZIE  [Electronically Filed] Date	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Oignature -					

PAGE 2 OF 9 FOR SE OF FORM 24/48					
VAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)  FEC IDENTIFICATION NUMBER ▼  C 000553560					
				00000000	
Check if 24-hour report 🗶 48-hour report	New rep	ort X Amends repo	ort filed on 04	05 / 2016	
Full Name of Payee CONSOLIDATED MAILING SERV	ICES		Date of Publ	lic Distribution/Dissemination	
Mailing Address <sub>504</sub> SHAW RD SUITE 206			Amount	2010	
City	State	Zip Code		3287.48	
STERLING	VA	20166		ID : SE.46459 pursement or Obligation	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	04	04 2016	
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 00	
TIMOTHY E SCOTT		Oppose	President	Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought	7 7	14337.42	Disbursement For: 2016 Other (s	Primary <b>X</b> General specify) ▶	
Full Name of Payee	<del>-</del>		Date of Pub	lic Distribution/Dissemination	
DIRECT SUPPORT SERVICES INC			04	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1155 - 15TH STREET NW			Amount		
SUITE 410					
City WASHINGTON	State DC	Zip Code 20005		2143.22 ID : SE.46460	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Dist	pursement or Obligation  / 04 2016	
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	■ House District:23	
WILLIAM HURD		Oppose	President	Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought	7	16480.63	Disbursement For: 2016 Other (s	Primary <b>X</b> General specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expend	itures				
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 1 7	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized				
SCOTT B MACKENZIE	[Electron	ically Filed] Date	9 09 19	2016	
Signature					

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report Λ4 2016 05 Full Name of Payee Date of Public Distribution/Dissemination DIRECT SUPPORT SERVICES INC 2016 04 04 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 2143.21 DC 20005 Transaction ID: SE.46461 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 04 04 2016 Type Name of Federal Candidate 04 **x** ∣ House **✗** Support Office Sought: District: MIA LOVE UT Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 16480.62 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination DIRECT SUPPORT SERVICES INC 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 2143.21 WASHINGTON DC Transaction ID: SE.46462 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 04 04 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC Oppose President Senate State: ✗ General Calendar Year-To-Date Disbursement For: Primary 2016 16480.63 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 4286.42 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

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	include Ly			FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)				DENTIFICATI	ON NUMBER ▼
<b>∨</b> _			С	C00553560	
Che	eck if 24-hour report 🗶 48-hour report New report 🗶 Amends report filed		04	05	2016
1	Full Name of Payee DONOR BUREAU	Date o	of Publ	ic Distribution	/Dissemination
			04	04	2016
	Mailing Address 1900 N CULPEPPER ST	Amour	nt		
	City State Zip Code				76.25
	ARLINGTON VA 22207			ID: SE.46466 oursement or 0	6
	Purpose of Expenditure VOTER CONTACT MAIL  Category/ Type  004	М	04	04	2016
	Name of Federal Candidate  Support  Office	e Sought	t:	<b>X</b> House	District: 23
	WILLIAM HURD Oppose	Preside	ent [	Senate	State: TX
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement	t For:	Primary	General
	. s. Ziosisii isi Siiiso sotgiii			specify)	/Dia
	Full Name of Payee DONOR BUREAU		of Publ	lic Distribution	/Dissemination 2016
	Mailing Address 1900 N CULPEPPER ST	Amou		97	2010
	City State Zip Code				76.25
				ID : SE.46467 oursement or 0	Obligation
	Purpose of Expenditure VOTER CONTACT MAIL  Category/ Type  004	М	04	04	2016
	Name of Federal Candidate  Name of Federal Candidate  Support  Office	e Sough	t:	<b>x</b> House	District: 04
	MIA 1 0 / F	Preside	L	Senate	State: UT
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2016			Primary specify) ▶	y <b>X</b> General
	(a) SUBTOTAL of Itemized Independent Expenditures			-	152.50
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	SCOTT B MACKENZIE  [Electronically Filed] Date 0		19	201	16
	Signature		<u> </u>		
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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report Λ4 2016 05 Full Name of Payee Date of Public Distribution/Dissemination DONOR BUREAU 2016 04 04 Mailing Address 1900 N CULPEPPER ST Amount State Zip Code City 76.25 VA 22207 Transaction ID: SE.46468 ARLINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 04 04 2016 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC Oppose **X** Senate President State: Disbursement For: Primary **✗** General Calendar Year-To-Date 16951.17 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination DSSI 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 394.28 WASHINGTON DC Transaction ID: SE.46463 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 04 04 Type Name of Federal Candidate 23 **✗** Support Office Sought: **✗** House District: WILLIAM HURD TΧ Oppose State: President Senate Primary ✗ General Calendar Year-To-Date Disbursement For: 2016 16874.91 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 470.53 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

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				FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
VIG	OP (VIRGIN ISLANDS REPUBLICAN PARTY)		C	C00553560
Check	if 24-hour report × 48-hour report New report	x Amends report f	iled on 04	05 / 2016
	ull Name of Payee		Date of Public	Distribution/Dissemination
	DSSI		M M /	04 2016
М	ailing Address 1155 - 15TH STREET NW		Amount	
	SUITE 410		Amount	
Ci	ity State Zip	Code		394.29
۷	VASHINGTON DC 20	005	Transaction II  Date of Disbur	D: SE.46464 rsement or Obligation
	urpose of Expenditure (OTER CONTACT MAIL	ategory/ Type 004	04	04 / 2016
Na	ame of Federal Candidate	<b>✗</b> Support ○	ffice Sought:	House District: 04
Ν	IIA LOVE	Oppose	President	Senate State: UT
	Calendar Year-To-Date Per Election for Office Sought		isbursement For: 016 Other (spe	Primary X General
Fi	ull Name of Payee			Distribution/Dissemination
	DSSI		M = M /	D   D / Y   Y   Y   Y
M	lailing Address 1155 - 15TH STREET NW		04	04 2016
	SUITE 410		Amount	
С		Code		394.29
٧	VASHINGTON DC 20	0005	Transaction ID	: SE.46465 rsement or Obligation
	urpose of Expenditure /OTER CONTACT MAIL	Tategory/ 004	M M M /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate	<b>x</b> Support C	ffice Sought:	House District: 00
	IMOTHY E SCOTT	Oppose	President X	Senate State: SC
	Calendar Year-To-Date Per Election for Office Sought		isbursement For: 016 Other (spe	Primary <b>✗</b> General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c)	TOTAL Independent Expenditures	······)		7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
-	SCOTT B MACKENZIE [Electronical]	ly Filed] Date	M M / D D D D 19	2016
	Signature			

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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report Λ4 2016 05 Full Name of Payee Date of Public Distribution/Dissemination FORTH RIGHT STRATEGY INC 2016 04 04 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 1347.96 DC 20005 Transaction ID: SE.16852 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 04 04 2016 Type Name of Federal Candidate 23 **x** ∣ House **✗** Support Office Sought: District: WILLIAM HURD ΤX Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 11049.94 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination FORTH RIGHT STRATEGY INC 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** 1347.96 City State Zip Code WASHINGTON DC Transaction ID: SE.16853 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 04 04 Type Name of Federal Candidate 04 **✗** Support Office Sought: **✗** House District: MIA LOVE UT Oppose President Senate State: Primary ✗ General Calendar Year-To-Date Disbursement For: 2016 11049.94 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 2695.92 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

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	include Ly	FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
V	IGOP (VIRGIN ISLANDS REPUBLICAN PARTY)	C C00553560		
Ch	eck if 24-hour report 48-hour report New report Amends report file	d on 04 / 05 / 2016		
٦	Full Name of Payee FORTH RIGHT STRATEGY INC	Date of Public Distribution/Dissemination		
١	FORTH RIGHT STRATEGY INC	04		
1	Mailing Address 1155 - 15TH STREET NW	Amount		
1	SUITE 410	Amount		
	City State Zip Code	1347.96		
١	WASHINGTON DC 20005	Transaction ID : SE.16854 Date of Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT MAIL  Category/ Type 004	04 04 2016		
	Name of Federal Candidate Support Office	ce Sought: House District: 00		
١	TIMOTHY E SCOTT Oppose	President Senate State: SC		
	Calendar Year-To-Date Disk	pursement For: Primary X General		
1	Per Election for Office Sought 11049.94 2010			
١	Full Name of Payee	Date of Public Distribution/Dissemination		
1	LEGACY LIST MANAGEMENT INC	M M / D D / Y Y Y Y		
1	Mailing Address 1155 - 15TH STREET NW	04 04 2016		
1	SUITE 410	Amount		
1	City State Zip Code	267.54		
١	WASHINGTON DC 20005	Transaction ID : SE.46469		
1	Purpose of Expenditure Category/	Date of Disbursement or Obligation		
1	VOTER CONTACT MAIL 004 Type 004	04 04 2016		
1	Name of Federal Candidate Support Office	ce Sought: <b>X</b> House District: 23		
1		President Senate State: TX		
١		pursement For: Primary X General		
1	Per Election for Office Sought 17218.70 201			
	(a) SUBTOTAL of Itemized Independent Expenditures	1615.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
		- M / D D / Y B Y B Y		
	Signature [Electronically Filed] Date	09 19 2016		
	-			

PAGE 8

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report Λ4 2016 05 Full Name of Payee Date of Public Distribution/Dissemination LEGACY LIST MANAGEMENT INC 2016 04 04 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 267.53 DC 20005 Transaction ID: SE.46470 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 04 04 2016 Type Name of Federal Candidate 04 **x** ∣ House **✗** Support Office Sought: District: MIA LOVE UT Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 17218.69 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination LEGACY LIST MANAGEMENT INC 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 267.53 WASHINGTON DC Transaction ID: SE.46471 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT MAIL** 2016 04 04 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC Oppose President Senate State: ✗ General Calendar Year-To-Date Disbursement For: Primary 2016 17218.70 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 535.06 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... 22550.15 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

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